Ethical Issues in Resource Allocation and New Product Development

DCCP review

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Health Resource Allocation

- Cost-effectiveness is itself an ethical criterion
- But distribution and equity must also be considered
  - Where CEA is used to evaluate alternative treatments for the same individual(s), equity is not at issue

Two sets of issues in CEA

1. Ethical issues arising within CEA
2. Ethical issues in the use of CEA and other evidence for priority-setting

Which source of disability weights?

- Weights derived from polls of non-disabled individuals differ from those derived from polls of disabled individuals.
- Neither is inherently mistaken

Age-Weighting: two justifications

- WHO: valuation by members of the community
  - ! This treats individuals differently according to their value to others
- “Fair Innings”: priority for the younger, up to a threshold
  - Note: unclear what the curve is, or how it should be established
- Note: these are different weightings

Life expectancy

- ! Use of local life expectancy for CEA could compound injustice, if local life-expectancy is lower due to injustice, since it attributes less gain for a cure.

Which costs?

- ! Counting productivity gains as offsets of cost fails to treat people as equals.
- ! The same is true by counting pensions as added costs; the same is true if we count the costs of care of future illnesses that would have been avoided had the individual died.

Discounting

- Should future health benefits be discounted?
  - Complex issue: no recommendations
  - Note that much preventive care is lowered in priority

Ethical issues in priority-setting

- Priority to the worst-off
  - Who are they?
    - The sickest? At a moment, or over a lifetime?
    - The poorest?
  - How much priority?

Aggregation

- Oregon Medicaid rationing initiative: first priority list ranked tooth caps over life-saving appendectomy
- ! Avoid these extreme cases

Fair Chances vs Best Outcomes (1)

- Example: Half of a group of 100 patients need 1 pill; the others need 2. There are 100 pills.
  - Members of the public: use a lottery
  - Health care allocators: all pills to those needing 1
- ! Ignore differences in outcome when
  - The stakes are high (e.g. life-saving care)
  - Differences in outcomes are narrow

Fair Chances vs Best Outcomes (2)

- Basing priority-setting entirely on outcomes can compound injustices
  - Example: hypertension screening
- Refusing to allocate resources to large groups with less favorable outcome prospects inflicts a widespread loss of hope

Life extension of the disabled

- Populations are healthier when non-disabled individuals are given priority in life-extending care
- Basing priorities on this fact is discriminatory
- ! Moderate differences in disability should be ignored so long as the individuals themselves value their own lives

Cost/QALY cutoffs

- Though useful as a general guide, these should not be rigid criteria or trumps, since they may run afoul of equity constraints

Personal responsibility for health

- There is some support for assigning lower priority to individuals whose health needs are the result of their own imprudence
- The conditions for assigning responsibility are rarely met in the context of health care
- ! Need, not desert, should be the criterion for care.

II Ethical Issues in New Product Development (research ethics)

What's new:

1. A more complex view of the goals of ethical review of research
2. A new proposal for the standard of care in clinical trials

Goals of Ethical Review

- Conventional view: The main goal is *protection of human subjects*
  - Rationale: the Nazi abuses stemmed from valuing the well-being of the *group* over that of the *individual*

Goals of ethical review

- Our view: Ethical review pursues 3 goals:
  1. Protection of subjects
  2. Voluntary assumption of risk
  3. Equality and fairness in sharing burdens and benefits (e.g. recruitment)

– These goals are sometimes inconsistent; ethical review requires ethical judgment

Standard of Care

- Conventional view: *Best available (*Helsinki)
- Conventional alternative:
  - What participants *would* get if not enrolled
- Our proposal:
  - What participants *should* get if not enrolled

Standard of care

- "What participants *should* get":
  - Opinions differ; but the debate over standard of care is usefully refocused if this becomes the issue
  - Our view: everyone has a claim against their government to receive care as good as that provided in other countries of similar economic development and health need whose health systems may be more efficient and fair
    - Example: Everyone with TB *should* receive DOTS

Response to Benatar

- Benatar's central message: the ethics of new product development cannot ignore the sources of underdevelopment and excess burden of disease:
  - Histories of colonialization and exploitation
  - Unfair framework and practices in pricing and distribution of drugs

Response to Benatar

- Our view:
  - We concur with much of Benatar's account
  - Within the severe space constraints, we chose to focus on decisions facing those who oversee and serve on ethical review committees.
  - Benatar's valuable message could be included in a separate chapter; if so, he would be a good choice as author.